



Ask An Expert

Planning in the Face of Drug Shortages

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Healthcare providers have been facing unprecedented drug shortages, seeing nearly 150 medications with limited or no availability over the past 18 months. In contrast, an annual shortage of 20 drugs would have been considered highly problematic just a decade ago. The reasons for drug shortages vary—scarcity of raw materials, market shifts and company mergers, discontinuation/recalls of certain products, unanticipated demand. Stockpiling, which is frequently used to head off expected shortages, actually exacerbates the problem by diverting product from the supply chain. No matter what the cause, the result is the same: patient care is significantly disrupted.

Health-system pharmacists/pharmacy buyers have been managing drug shortages for years, typically with results that appear seamless to the clinician end-user. In prior years, the solution might have been to turn to an alternate manufacturer or increase the amount on allocation. Shortages also tended to be briefer in duration than those that the market has experienced recently, so historically the impact on direct patient care was low, and clinicians could provide “within drug class” substitutions with relative ease.

The situation faced by clinicians today is an entirely different story. There are shortages of several critical medications that have widespread patient care impact with minimal advance notice, a prolonged duration of shortages, a dearth of manufacturers, as well as secondary shortages of acceptable alternatives. According to a recent survey by the Institute of Safe Medication Practices (ISMP), the nation’s only non-profit organization devoted to safe medication practices, clinicians are expending considerable resources (time and money) to track down and resolve individual shortage issues, valuable time that would have otherwise been spent on clinical duties.

To combat these shortages, clinicians may be able to change concentrations, formulations, package size, or use non-formulary medications. However, some or all of these options may be unfamiliar to the ordering and/or administering clinician. Moreover, making these substitutions increases safety risks. The ISMP survey details that in the past year 24% of survey respondents acknowledged actual errors, while 20% encountered adverse patient outcomes when implementing alternative workarounds to manage a drug shortage.

There is no quick fix to the drug shortage crisis, but a hospital-wide plan involving all key stakeholders—pharmacists, the hospital C-suite, quality officers, and the supply chain—can help manage the situation. Communication and education must be at the center of any hospital-wide plan in order to help avert patient safety pitfalls and their consequences. To this end, the GNYHA Services Pharmacy team has been supporting our members in a variety of ways, including consulting with experts about clinical practice decisions on alternative therapies and tracking medication safety issues. Our team has also been working closely with wholesalers, the FDA, and the American Society of Health-System Pharmacists to advocate potential solutions on behalf of our members.

Predicting drug shortages in this volatile industry landscape might be beyond the control of clinicians, but developing comprehensive processes that include support from the hospital’s leadership and pharmacy supply chain, a network of information sharing, thorough research, and failure analyses can proactively mitigate the negative impact—and risk to patient care—caused by drug shortages.

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